



Deployment Resources for America's Clergy

**Office of the Chief of Chaplains
Directorate of Ministry Initiatives
1421 Jefferson Davis Highway
Suite 10600
Arlington, VA 22202**



REPLY TO
ATTENTION
OF:

**OFFICE OF THE CHIEF OF CHAPLAINS
1421 JEFFERSON DAVIS HIGHWAY
ARLINGTON VA 22202-3259**

DACH-ZA

15 November 2005

MEMORANDUM FOR CIVILIAN CLERGY

SUBJECT: Information Papers to assist Civilian Clergy in providing ministry to family members of mobilized members of the National Guard and Reserves.

1. The U.S. Army Chief of Chaplains is grateful to partner with civilian clergy of various denominational backgrounds to more effectively minister to community based family members of the military Reserve Forces.

2. Information papers are designed to present facts in a clear and concise format. Hopefully, the paragraphs contain only essential facts concerning the subject indicated on each paper.

3. The subjects of the Information Papers are:

- a. Coming Home Brochures for soldiers and their families
- b. Contact Points for State National Guard Family Program Offices
- c. Healthcare Benefits for military Reserve Force Members when on Active Duty for more than 30 days and their families.
- d. An internet "One Source" point of contact to find help for military family members of mobilized military Reserve Forces.
- e. Resources to help mobilized military Reserve Forces family members learn about their benefits.
- f. Stress Management resources
- g. Normal Experiences After Combat and what to do about them
- h. Access to the American Red Cross
- i. Ministry to soldier families in times of grief.
- j. The Emotional Cycle of Deployment: A Military Family Perspective

4. Please make suggestions for change or additional information to the Directorate of Ministry Initiatives: 1421 Jefferson Davis Highway Suite 10600, ATTN: CH (COL) Richard G. Poindexter , Arlington, VA 22202-3259, (703) 601-0075; richard.poindexter@us.army.mil.

//Original Signed//
David H. Hicks
Chaplain (MG) USA
Chief of Chaplains

INFORMATION PAPER

DACH-MIZ

17 November 2005

1. SUBJECT: Coming Home Brochures
2. Purpose: To provide a summary of the Coming Home Brochures and a link to make available for printing the information listed below into three separate tri fold brochures.
3. Facts: The links provided below provide links to copies of Military Community & Family Policy Coming Home brochures with content summary as follows:
 - a. *A Guide for Spouses of Service Members Returning from Mobilization/ Deployment*
What to Expect When the Service Members Comes Home
Communicate!
What to Expect from Your Children
Take Time for Yourself
 - b. *A Guide For Parents Extended Family Members or Friends of Service Members Returning from Mobilization/ Deployment.*
What to Expect When the Service member Comes Home
Making the Reunion Easier
Take Time for Yourself to Make the Reunion for Everyone Concerned Easier
 - c. *A Guide for Service Members Returning from Mobilization/ Deployment*
Reuniting with your Spouse
Reuniting with Your Children
Single Service members/ Single Parents- - Reuniting with Parents, Extended Family Members and Friends
Take Time for Yourself

CH (COL) Richard. G. Poindexter (richard.pondexter@us.army.mil/ 703-601-0075)

As a spouse or child of an active, Guard or Reserve Service member, who is just coming home or is arriving soon, you are probably both excited and nervous about the homecoming. Even if you have been through a mobilization/deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and Service member's assignment, you will have a period of natural adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

What to Expect When the Service member Comes Home:

- ✓ You have become more confident and independent and your spouse has changed too. Expect things to be different.
- ✓ It is normal to feel nervous and anxious about the homecoming. You may wonder whether your spouse will: "Like the way I look?" "Like what I've done with the house?" "Be proud of me for how I've handled things?" "Still need me?" "Still love me?"
- ✓ Plan for homecoming day. After homecoming, make an agreement with your spouse on the schedule for the next few days or weeks. Where do the children, parents, extended family members, or friends fit in?
- ✓ Realize the day of homecoming is very stressful. You and your spouse may not have slept much and may be worn out from preparations.
- ✓ Take time to get used to each other again. Reestablishing sexual intimacy will take patience, time, and good communication—some people need to be courted again.
- ✓ **COMMUNICATE!!** Tell your spouse how you feel—nervous, scared, happy, that you love and missed them. Listen to your spouse in return. The best way to get through the reacquaintance jitters, regain closeness, and renegotiate your roles in the family is by talking and actively listening.
- ✓ You've both been used to doing what you wanted during personal time. Feeling like you need some space is normal.
- ✓ Your fantasies and expectations about how life will be upon return may be just fantasies. Be prepared to be flexible.

- ✓ You and/or your spouse may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard/Reservists who are transitioning back to civilian life.
- ✓ Be calm and assertive, not defensive when discussing decisions you have made, new family activities and customs, or methods of disciplining the children. Your spouse may need to hear that it wasn't the same doing these things alone, that you're glad he/she's back, and that you'd like to discuss problems and criticisms calmly.
- ✓ Reassure your spouse that they are needed, even though you've coped during the deployment. Talk about keeping some of the independence you've developed. It's best not to "dump" all the chores or only the ones you dislike back on your spouse.
- ✓ Your spouse may have seen or experienced some things that were very upsetting. Some normal reactions to these stressful situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others and/or counselors trained in crisis stress reactions is very important.
- ✓ Resist the temptation to go on a spending spree to celebrate the reunion. The extra money saved during deployment may be needed later for unexpected household expenses. Stick to your household budget. Show you care through your time and effort.

What to Expect from Your Children:

- ✓ Children may be feeling the same confusing things you and your spouse feel—worry, fear, stress, happiness, excitement. Depending on their age, they may not understand how your spouse could leave them if he/she really loved them.
- ✓ They may be unsure of what to expect from your spouse. They may feel uncomfortable or think of him/her as a stranger.
- ✓ It's hard for children to control their excitement. Let them give and get the attention they need from the returning parent before you try to have quiet time alone with your spouse.
- ✓ Children's reactions to the returning parent will differ according to their ages. Some normal reactions you can expect are:
 - **Infants:** Cry, fuss, pull away from the returning parent, cling to you or the caregiver.
 - **Toddlers:** Be shy, clingy, not recognize the returning parent, cry, have temper tantrums, return to behaviors they had outgrown (no longer toilet trained).
 - **Preschoolers:** Feel guilty for making parent go away, need time to warm-up to returning parent, intense anger, act out to get attention, be demanding.

- **School Age:** Excitement, joy, talk constantly to bring the returning parent up to date, boast about the returning parent, guilt about not doing enough or being good enough.
- **Teenagers:** Excitement, guilt about not living up to standards, concern about rules and responsibilities, feel too old or unwilling to change plans to meet or spend extended time with the returning parent.
- ✓ Prepare children for homecoming with activities, photographs, participating in preparations, talking about dad or mom.
- ✓ Children are excited and tend to act out. Accept and discuss these physical, attitudinal, mental, emotional changes. Plan time as a couple and as a family with the children.
- ✓ Stay involved with your children's school and social activities.

Take Time for Yourself:

- ✓ Look into ways to manage stress—diet, exercise, recreation—and definitely take care of yourself!
 - ✓ Make time to rest. Negotiate the number of social events you and your family attend.
- ✓ Limit your use of alcohol. Remember alcohol was restricted during your spouse's deployment and tolerance is lowered.
- ✓ Go slowly in getting back into the swing of things. Depend on family, your spouse's unit, friends for support.

Remember...

Go slowly – don't try to make up for lost time.

Accept that your partner may be different.

Take time to get reacquainted.

Seek help for family members, if needed.

If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help to handle tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

Points of view or opinions in this pamphlet do not necessarily represent the official position of the U.S. Department of Defense.



"COMING HOME"

**A Guide for Spouses of
Service Members Returning
from Mobilization /
Deployment**



As a parent, extended family member, or friend of an active, Guard or Reserve Service member, who is just coming home or is arriving soon, you are probably both excited and nervous about the homecoming. Even if you've been through a mobilization/ deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and Service member's assignment, there will be a period of adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

What to Expect When the Service member Comes Home:

- ✓ You have certainly missed your Service member, as they have missed you. Reestablishing relationships will take time and communication.
- ✓ It's normal for the returning Service member to "need space" upon their return.
- ✓ It's normal to feel nervous and anxious about the homecoming. Plan for homecoming day. After homecoming, allow the returning Service member to schedule the next few days or weeks.
- ✓ Expect things to be different. Take time to understand how the Service member has changed. Be prepared and flexible.
- ✓ The Service member may have seen or experienced some things that were very upsetting. Some normal reactions to these abnormal situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others who were there and/or counselors trained in crisis stress reactions is very important. The Service member may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard and Reservists who are transitioning back into civilian life.

Making the Reunion Easier:

- ✓ Take time to get reacquainted. Communicate your love and concern.
- ✓ **COMMUNICATE!!** Tell each other how you feel—nervous, scared, happy, that you love and missed them. Listen to each other. The best way to get through the reacquaintance jitters and regain closeness is to talk and actively listen.
- ✓ Reassure the Service member that they are needed, and that you are happy he/she has returned safely.
- ✓ Be calm and assertive, not defensive, when discussing events that have taken place during the Service member's absence. The service member may need to hear that it wasn't the same doing these things alone, that you're glad he/she's back, and that you'd like to discuss problems and criticisms calmly.
- ✓ Prepare children of the extended family for homecoming and involve them in reunion activities.

Take Time for Yourself to Make the Reunion for Everyone Concerned Easier:

- ✓ Make time to rest. Negotiate social events and activities.
- ✓ Limit your use of alcohol. Remember alcohol was restricted during the Service member's deployment and tolerance is lowered.

- ✓ Go slowly in getting back into the swing of things. Depend on family and friends for support. You are part of the Service member's support network.

Remember...

Go slowly – don't try to make up for lost time.

Accept that your Service member may be different.

Take time to get reacquainted.

Reassure your loved ones.

Seek help for family members, if needed.

Many of these tips have cross-application to the Service member, spouse, children, extended family members, and friends. If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help to handle tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

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"COMING HOME"

**A Guide for Parents, Extended
Family Members or Friends
of Service Members Returning from**

Mobilization / Deployment



As an active, Guard or Reserve Service member, who is just coming home or is arriving soon, you are probably both excited and nervous about the homecoming. Even if you've been through a mobilization/deployment before, this one has been different because of the increased stressors of the time. Regardless of your experience and assignment, you will have a natural period of adjustment. You may find this tip sheet helpful in ensuring a successful homecoming and readjustment.

Reuniting with your Spouse:

- ✓ It is normal to feel nervous and anxious about homecoming. Often Service members wonder whether my spouse will still: "Be proud of me?" "Love me and need me?" "Expect things from me?"
- ✓ Plan for homecoming day. After homecoming, make an agreement with your spouse on the schedule for the next few days or weeks. Where do the children, extended family members or friends fit in?
- ✓ Realize the day of homecoming is very stressful. You and your spouse may not have slept much and may be worn out from preparations.
- ✓ Don't be surprised if your spouse is a bit resentful of your mobilization/deployment. Others often think of the deployment as more fun and exciting than staying at home—even if you know otherwise.
- ✓ Take time to get used to each other again. Reestablishing sexual intimacy will take patience, time and good communication—some people need to be courted again.
- ✓ **COMMUNICATE!!** Tell your spouse how you feel—nervous, scared, happy, that you love and missed them. Listen to your spouse in return. The best way to get through the reacquaintance jitters, regain closeness and renegotiate your roles in the family is by talking and actively listening.
- ✓ You've both been used to doing what you wanted during personal time. Feeling like you need some space is normal.
- ✓ Your fantasies and expectations about how life will be upon return may be just fantasies. Be prepared to be flexible.
- ✓ You and/or your spouse may be facing a change in job assignment or a move. Readjustment and job transition cause stress. This may be especially true for demobilizing Guard/Reservists who are transitioning back to civilian life.
- ✓ Resist the temptation to go on a spending spree to celebrate the reunion. The extra money saved during deployment may be needed later for unexpected household expenses. Stick to your budget. Show you care through your time and effort.

Reuniting with Your Children:

- ✓ Children may be feeling the same confusing things you and your spouse feel—worry, fear, stress, happiness, excitement. Depending on their age, they may not understand how you could leave them if you really loved them.

- ✓ They may be unsure of what to expect from their returning parent. They may feel uncomfortable around you or think of you as a stranger.
- ✓ It's hard for children to control their excitement. Let them give and get the attention they need from you before you try to have quiet time alone with your spouse.
- ✓ Children's reactions to your return will differ according to their ages. Some normal reactions you can expect, and suggestions for handling them are:
 - **Infants:** Cry, fuss, pull away from you, cling to your spouse or the caregiver they know. Talk to them while holding, hugging, bathing, changing, feeding, playing, and relaxing with them.
 - **Toddlers:** Be shy, clingy, not recognize you, cry, have temper tantrums, return to behaviors they had outgrown (no longer toilet trained). Give them space and warm-up time. Be gentle and fun. Sit on floor at their level and play with them.
 - **Preschoolers:** Feel guilty for making you go away, need time to warm-up to you, intense anger, act out to get attention, be demanding. Reinforce that they are loved unconditionally, listen carefully, accept their feelings, find out new things they are interested in, play with them, control attention-getting behavior.
 - **School Age:** Excitement, joy, talk constantly to bring you up to date, boast about you, guilt about not doing enough or being good enough. Review pictures, school work, family scrapbook, praise for what they did during your deployment, do not criticize.
 - **Teenagers:** Excitement, guilt about not living up to standards, concern about rules and responsibilities, feel too old or unwilling to change plans to meet you or spend extended time with you upon your return. Share what's happened during deployment, encourage them to share, do chores together, listen, respect privacy and friends, don't be judgmental.
- ✓ Reassure children and spouse and communicate your love to family.
- ✓ Children are excited and tend to act out. Accept and discuss these physical, attitudinal, mental, emotional changes.
- ✓ Get re-involved with your children's school and social activities.

Single Service members/Single Parents—Reuniting with Parents, Extended Family Members and Friends:

- ✓ You have certainly missed your family and friends, and they have missed you. Let them be a part of the reunion but balance your needs with those you love and care about. You will have a period of readjustment when you return home.
- ✓ If you are single or live with your parent(s), family, or a friend, many of the above tips for a reuniting with spouses and children may apply. Changes in the house or routine may be stressful. Go slowly in trying to make the adjustment to being home again.
- ✓ Some things will have changed at home while you were gone—marriage in your family or with friends, new babies born, new neighbors, changes in relationships.
- ✓ Some things will change with the people you've lived and worked with prior to deployment. Married friends will be involved with their families. Others may return to their old friends and you may feel left out.
- ✓ Your parents and family have been very worried about you over the past months. Give them time and special attention.
- ✓ You may be facing a change in job assignment or a move, or trying to meet new people, looking for a new relationship. All these things cause stress.

Take Time for Yourself:

- ✓ You may have seen or experienced some things that were very upsetting. Some normal reactions to these abnormal situations are fear, nervousness, irritability, fatigue, sleep disturbances, startle reactions, moodiness, trouble concentrating, feelings of numbness, and frequent thoughts of the event. Talking with others who were there and/or counselors trained in crisis stress reactions is very important.
- ✓ Look into ways to manage stress—diet, exercise, recreation—and definitely take care of yourself!
- ✓ Make time to rest. Negotiate the number of social events to attend.
- ✓ Limit your use of alcohol. Remember alcohol was restricted during your deployment and your tolerance is lowered.
- ✓ Depend on family, your unit, and friends for support.

Remember...

Go slowly – don't try to make up for lost time.

Accept that your partner and loved ones may be different.

Take time to get reacquainted.

Seek help, if needed.

If you feel like you are having trouble coping with adjustment, it is healthy to ask for help. Many normal, healthy people occasionally need help in handling tough challenges in their lives. Contact a counseling agency or a minister, a Military Family Center, Military Chaplain, the Veterans Administration, or one of your community support groups that has been established in your area.

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"COMING HOME"

**A Guide for Service
Members Returning from
Mobilization / Deployment**



INFORMATION PAPER

DACH-MIZ

17 November 2005

SUBJECT: Contact Points for State National Guard Family Program Offices.

1. Purpose: To provide contact points to access family assistance information for family members of mobilized Reserve Component members irrespective of branch of service.

2. Facts.

a. Help for every family member in the military is available through the National Guard Family Program offices located in each state. Each National Guard Program Office is designed to assist family members of all services (Army, Navy, Marine Corps, Air Force, and Coast Guard) members, regardless of military organizations or status, with information and / or referrals.

b. The National Guard Family Program is a Joint Force initiative that serves as the foundation for support to families of the Army and Air National Guard and general support to family members of all other services. As the military faces unprecedented increase in military activity and extended deployments, it is more vital than ever to ensure that families are prepared for the stresses of deployment and supported throughout the entire deployment cycle.

c. The Family Program Office acts as a network that allows families to mutually support one another. By providing families with information, resources, and support, the program strengthens both the units and the service members.

d. Immediately following this page is a list of the contact numbers for National Guard Family Program Offices in each state and territory.

CH (COL) Richard G. Poindexter (richard.poindexter@us.army.mil/ 703-601-0075)

FAMILY RESOURCES



The National Guard Family Program office in each state Joint Force Headquarters (JFHQ) is designed to assist family members of all service members—regardless of military organization or status—with information and/or referrals. Following is a list of Family Program offices in the states and territories.

State Joint Force Headquarters Program Contact Information

ST	Address	COMM #
AK	505 W. Northern Lights Blvd., Suite 106 Anchorage, AK 99503-2552	Phone: 907-264-5346 Toll-Free: 888-917-3608 Fax: 907-264-5310
AL	1720 Cong WL Dickerson Dr. Montgomery, AL 36109-0711	Phone: 334-271-7283 Toll-Free: 800-231-2846 Fax: 334-363-7687
AR	Camp Robinson North Little Rock, AR 72119	Phone: 501-212-4102 Toll-Free: 800-446-4645 Fax: 501-212-4017
AZ	5636 E. McDowell Rd. Phoenix, AZ 85008-3495	Phone: 602-267-2593 Toll-Free: 800-233-7758 Fax: 602-853-2912
CA	CAJS-FP Box 54, 9800 Goethe Sacramento, CA 95827	Phone: 916-854-3252 Toll-Free: 800-449-9662 Fax: 916-854-3752
CO	6848 S. Revere Parkway Englewood, CO 80112	Phone: 303-677-8844 Toll-Free: 866-333-8844 Fax: 303-677-8849
CT	Soldiers & Airmen Support, VA Med Ctr-2W 555 Willard Avenue Newington, CT 06114	Phone: 860-878-6723 Toll-Free: 800-858-2677 Fax: 860-878-6711
DC	2001 East Capitol St. Washington, DC 20003	Phone: 202-685-9826 Fax: 202-685-9815
DE	1st Regiment Rd. Wilmington, DE 19808-2191	Phone: 302-326-7050 Toll-Free: 877-482-7333 Fax: 302-326-7061
FL	DCSPER-FR, P.O. Box 1008 St. Augustine, FL 32085-1008	Phone: 904-823-0360 Toll-Free: 800-226-0360 Fax: 904-823-0352

GA	935 E. Confederate Avenue, SE. Building 21 Atlanta, GA 30316-0965	Phone: 404-624-6454 Toll-Free: 800-625-5843 Fax: 404-624-6262
GU	622 E. Harmon Industrial Park Rd. Ft. Juan Muna, Tamuning, GU 96911-4421	Phone: 671-647-2717 Fax: 671-647-6028
HI	3949 Diamond Head Rd. Honolulu, HI 96816-4495	Office: 808-732-1823 Toll-Free: 800-732-6964 Fax: 808-734-4273
IA	Camp Dodge 7700 NW Beaver Dr. Johnston, IA 50131-1902	Phone: 515-252-4416 Toll-Free: 800-294-6607 Fax: 515-727-3103
ID	4228 W. Guard St. Bldg 665 Boise, ID 83705-8049	Phone: 208-422-3787 Toll-Free: 800-543-0007 Fax: 208-422-3794
IL	1301 N. Mac Arthur Blvd. Springfield, IL 62702-2399	Phone: 217-761-3413 Toll-Free: 800-832-9225 Fax: 217-761-3928
IN	2002 S. Holt Rd. Bldg #1 Indianapolis, IN 46241-4839	Phone: 317-247-3192 Toll-Free: 800-237-2850 Fax: 317-247-3115
KS	AGKS-HRO-SFPC 2800 SW Topeka, KS 66611-1287	Phone: 785-274-1171 Toll-Free: 800-432-2447 Fax: 785-720-8604
KY	KG-DCSPER-FP, Boone NG Center 100 Minuteman Parkway Frankfort, KY 40601-6168	Phone: 502-607-1549 Toll-Free: 800-372-7601 Fax: 502-607-1394
LA	Jackson Barracks. Bldg 57 New Orleans, LA 70146-0330	Phone: 504-278-8325 Toll-Free: 800-541-5860 Fax: 504-485-8156
MA	Family Program Office 14 Minuteman Lane Wellesley, MA 02481	Phone: 508-233-7222 Toll-Free: 888-301-3103 ext 7222 Fax: 508-233-7232
MD	29th Division St. 5th Regiment Armory Baltimore, MD 21201-2288	Phone: 410-576-6019 Toll-Free: 877-399-6221 Fax: 410-225-0753
ME	DVEM, ATTN DPA-FP State House Station #33 Augusta, ME 04333	Phone: 207-626-4410 Fax: 207-626-4521
MI	2500 S. Washington Ave. Lansing, MI 48913-5101	Phone: 517-702-5116 Toll-Free: 800-616-0128 Fax: 517-702-5113
MN	MNAG-JCEFO	Phone: 651-282-4460

	8180 Belden Boulevard Cottage Grove, MN 55016	Toll-Free: 888-234-1274 Fax: 651-825-4439
MO	2302 Militia Drive Jefferson City, MO 65101	Phone: 573-638-9827 Toll-Free: 800-299-9603 Fax: 573-638-9548
MS	P.O. Box 5027 Jackson, MS 39296-5027	Phone: 601-313-6379 Toll-Free: 866-369-6506 Fax: 601-293-6151
MT	P.O. Box 4789, 1900 N. Williams St. Helena, MT 59604-4789	Phone: 406-324-3239 Fax: 406-324-3240
NC	4105 Reedy Creek Rd. Raleigh, NC 27607-6410	Phone: 919-664-6324 Toll-Free: 800-621-4136 Fax: 919-582-9539
ND	P.O. Box 5511 Bismark, ND 58506-5511	Phone: 701-333-2058 Toll-Free: 800-242-4940 Fax: 701-333-2048
NE	1300 Military Rd. Lincoln, NE 68508-1097	Phone: 402-309-7331 Toll-Free: 800-432-6778 Fax: 402-309-7334
NH	State Military Reservation 4 Pembroke Rd. Concord, NH 03301-5652	Phone: 603-225-1215 Toll-Free: 800-472-0328 Fax: 603-225-1212
NJ	Joint Force Headquarters 3650 Saylors Pond Rd. Fort Dix, NJ 08640-7600	Phone: 609-562-0668 Toll-Free: 888-859-0352 Fax: 609-562-0201
NM	10 Bataan Blvd. Santa FE, NM 87508-4277	Phone: 505-474-1220 Toll-Free: 866-460-4100 Fax: 505-876-8533
NV	2460 Fairview Lane Carson City, NV 89701	Phone: 775-887-7328 Fax: 775-830-5326
NY	MNHF-FP 330 Old Niskayuna Rd. Latham, NY 12110-2224	Phone: 518-786-4774 Toll-Free: 877-715-7817 Fax: 518-786-6075
OH	2825 W. Dublin Granville Rd. Columbus, OH 43235-2789	Phone: 614-336-7192 Toll-Free: 800-589-9914 Fax: 614-273-7195
OK	3501 Military Circle Oklahoma, OK 73111-4839	Phone: 405-228-5591 Fax: 405-228-5674
OR	P.O. Box 14350, 1776 Militia Way Salem, OR 97309-5047	Phone: 503-584-3543 Toll-Free: 800-452-7500 Fax: 503-584-3962

PA	Dept of Military and Veterans Affairs Attn: MP-FAO Fort Indiantown Gap, Annville, PA 17003	Phone: 717-861-8841 Toll-Free: 800-634-1790 Fax: 717-491-8403
PR	P.O. Box 9023786 San Juan, PR 00902-3786	Phone: 787-289-1516 Fax: 787-289-1499
RI	TAGRI.DP/FC 645 New London Ave. Cranston, RI 02920-3783	Phone: 401-275-4194 Toll-Free: 877-440-7994 Fax: 401-247-4306
SC	TAG-FP-Stop 1 1 National Guard Rd. Columbia, SC 29201	Phone: 803-806-1153 Fax: 803-806-4499
SD	2823 West Main St. Rapid City, SD 57702-8186	Phone: 605-737-6728 Toll-Free: 800-658-3930 Fax: 605-747-6668
TN	601 Fitzhugh Blvd. Smyrna, TN 37167	Phone: 615-355-3996 Toll-Free: 877-311-3264 Fax: 615-335-3368
TX	2200 W. 35th St., Bldg 42 Camp Mabry, TX 78703	Phone: 512-782-6748 Toll-Free: 800-252-8032 Fax: 512-782-6953
UT	UT-DCSPER-FP P.O. Box 1776 Draper, UT 84020-1776	Phone: 801-523-4533 Fax: 801-766-4846
VA	VAPA-FP Bldg 316, FT Pickett Blackstone, VA 23824	Phone: 434-298-6129 Toll-Free: 800-542-4028 Fax: 434-298-6268
VI	4031 La Grande Princesse, Lot 1B Christianstead, VI 00820-4353	Phone: 340-712-7787 Fax: 340-712-7782
VT	789 Vermont National Guard Road Colchester, VT 05446-3099	Phone: 802-338-3347 Toll-Free: 800-607-8773 Fax: 802-636-3134
WA	Bldg 33 Camp Murray Tacoma, WA 98430-5000	Phone: 253-512-7534 Toll-Free: 800-364-7492 Fax: 253-512-7623
WI	2400 Wright Street Madison, WI 53708	Phone: 608-242-3480 Toll-Free: 800-292-9464 Fax: 608-242-3482
WV	1701 Coonskin Dr. Charleston, WV 25311-1085	Phone: 304-561-6380 Toll-Free: 800-794-8273 Fax: 304-623-6377
WY	5500 Bishop Blvd. Cheyenne, WY 82009-3320	Phone: 307-772-5208 Toll-Free: 800-635-4917

INFROMATION PAPER

DACH-MIZ

17 November 2005

SUBJECT: Healthcare Benefits for Reserve Component Members when on Active Duty more than 30 days and their Families.

1. Purpose: To provide basic information about TRICARE Healthcare and ways to access information concerning health care enrollment and benefit issues.

2. Facts.

a. Access to Care: The first step is to enroll or update Reserve Component Member and all eligible family members in the Defense Enrollment Eligibility Reporting System (DEERS). DEERS is your key to all benefits. For more information, call DEERS, Monday-Friday, 9am-6:30 p.m Eastern Time, at 1-800-538-9552 (California, 1-800-344-4163), or visit www.tricare.osd.mil/deersaddress.

b. Reserve Component Members on active duty for more than 30 consecutive days, must enroll in TRICARE PRIME. Enrollment means you are eligible for medical and dental care at any Military Treatment Facility.

c. Family members are eligible for health care under either TRICARE Standard or TRICARE Extra when Reserve Component Member is on active duty for more than 30 days. Make sure family members' DEERS records are up-to-date to prevent delays in treatment and claims processing. If Reserve Component Member is on active duty for 179 consecutive days or more, the family members may have the option to enroll in TRICARE Prime.

d. For more information about eligibility and benefits, or to enroll in TRICARE Prime or TRICARE Prime Remote, call your local TRICARE Service Center or visit the TRICARE Web site at www.tricare.osd.mil. (Details for this information paper came from TRICARE Brochure dated October 2005. Please contact TRICARE for latest updates.

e. Following is TRICARE Reserve Family Demonstration Project updated 16 Nov 2005.

Updated November 16, 2005

TRICARE Reserve Family Demonstration Project

The TRICARE Reserve Family Demonstration Project is effective for health care services received on or after Sept. 14, 2001, and it is nationwide. The demonstration project tests approaches for the Military Health System to ensure timely access to health care during a national crisis for family members of activated reservists and members of the National Guard, and to maintain clinically appropriate continuity of health care for their family members. Demonstration participants are limited to families of Reserve and National Guard members called to active duty for periods of more than 30 days in support of operations that result from the terrorist attacks of Sept. 11, 2001, under Executive Order 13223, 10

U.S.C. 12302, 10 U.S.C. 12301(d), or 32 U.S.C. 502(f). Such operations include, for example, Operation ENDURING FREEDOM and NOBLE EAGLE.

TRICARE for Reserve/National Guard Military Sponsor

Members of the Reserves and the National Guard who are called to active duty become eligible for TRICARE* as active duty service members. All care is provided at military treatment facilities or from TRICARE network providers. When the sponsor is no longer on active duty orders, and after TAMP eligibility ends, TRICARE eligibility ends; however, care may be received in a military treatment facility for injuries or illnesses incurred while the sponsor was on active duty.

TRICARE for Families of Activated Reservists or Members of the National Guard

Family members of eligible reservists and guardsmen may qualify for the TRICARE Reserve Family Demonstration Project. The demonstration project has three major components that remove potential barriers to health care access and limit out-of-pocket expenses.

Demonstration Project Components

- Waiver of TRICARE Standard and Extra Annual Deductible. Participants who do not or cannot enroll in TRICARE Prime are not required to pay the annual outpatient deductible under Standard or Extra (up to \$300). These beneficiaries are only responsible for their cost share (20 percent for TRICARE Standard and 15 percent for TRICARE Extra). This component covers all outpatient health care received by an eligible participant through Oct. 31, 2007.
- Waiver of the TRICARE Maximum Allowable Charge under TRICARE Standard. The Department of Defense will pay up to 115 percent of the TRICARE maximum allowable charge, less the applicable cost share, for demonstration participants who are covered by TRICARE Standard and receive care from nonparticipating providers who bill in excess of the TRICARE maximum allowable charge. This component covers all health care received by an eligible participant through Oct. 31, 2007.
- Waiver of Nonavailability Statement (NAS) Requirement for Nonemergency Inpatient Care. The requirement to obtain a NAS before nonemergency inpatient care can be paid under TRICARE Standard is waived for all eligible demonstration participants. This component covers all nonemergency inpatient care received by an eligible participant through Oct. 31, 2007.

To ensure family members are eligible for the TRICARE Reserve Family Demonstration Project upon activation, activated Reserve and Guard members should update their information in the Defense Enrollment Eligibility Reporting System (DEERS) database by visiting their local military ID card issuing facility. They should bring proper documentation to update their family file, such as a marriage certificate, birth certificate or divorce decree. Incorrect information can result in delayed claims processing, problems with the use of retail pharmacies and the TRICARE Mail Order Pharmacy benefit, and other difficulties. Beneficiaries may go online to find the three closest personnel offices or ID card facilities at www.dmdc.osd.mil/rsl/. For more information about DEERS enrollment*, beneficiaries may contact the Defense Manpower Data Center Support Office (DSO) Telephone Center at 1-800-538-9552.

For more information about medical care, dental care and other benefits for reservists, members of the National Guard and their eligible family members, please visit the TRICARE Web site at www.tricare.osd.mil/reserve/. For details about TRICARE Prime, Extra or Standard*, please visit the TRICARE Web site at www.tricare.osd.mil. For more information about the TRICARE Dental Program*, visit the TRICARE Dental Program Web site at www.ucci.com/tdp/tdp.html.

*See also: [TRICARE Eligibility](#) Fact Sheet

[TRICARE: The Basics](#) Fact Sheet

[The Defense Enrollment Eligibility Reporting System](#) Fact Sheet

[The TRICARE Dental Program](#) Fact Sheet

[Transitional Assistance Management Program](#) Fact Sheet

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INFORMATION PAPER

DACH-MIZ

17 November 2005

SUBJECT: “One Source” contact point to find assistance for military family members of mobilized Reserve Component Soldiers.

1. Purpose. To provide a “one source” point of contact to find help for military families of mobilized members of the Reserve or National Guard. These telephone numbers link to a “qualified individual” that can provide help and/ or referral ...anytime, anywhere...24/7/365.

2. Facts. A different number is necessary to reach respective branches of the military:

a. Air Force One Source

(From US 800-707-5784, or International toll free 800-707-57844, or International collect 484-530-5913):

<http://www.airforceonesource.com>

b. Army One Source

(From US 1-800-464-8107, or International toll free 800-464-81077 or International collect 484-530-5889):

<http://www.armyonesource.com>

c. Navy One Source

(From US 800-540-4123, or International toll free 800-540-41233, or International collect 484-530-5914):

<http://www.navyonesource.com>

d. Marine Corps Community Services One Source

(From US 800-869-0278; or International toll free 800-869-02788, or International collect 484-530-5908):

<http://www.mccsonesource.com>

e. Military One Source

(From US 800-342-9647, or International toll free 800-342-96477, or International collect 484-530-5908):

<http://www.militaryonesource.com>

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INFORMATION PAPER

DACH-MIZ

17 November 2005

1. SUBJECT: Resources to help Reserve and Guard family members learn about their benefits.
2. FACTS. Following are service specific resources to help mobilized Guard and Reserve family members learn about their benefits (Identification cards, medical benefits, dental benefits, legal assistance, military pay and allowances, commissary, exchange, recreation, child care, emergency financial assistance, American Red Cross, civilian job rights and protections, etc.):
 - a. Air Force Reserve
<http://www.afrc.af.mil> (click on Family Readiness)
 - b. Air National Guard
<http://www.ang.af.mil> (Click on Programs and National Guard Family Programs)
 - c. Army National Guard
<http://www.arng.army.mil> (Click on Soldier Resources & Family Resources)
 - d. Army Reserve
<http://www.army.mil/usar> (Click on For Families)
 - f.. Coast Guard Reserve
<http://www.uscg.mil> (Click on Reserve)
 - e. DEERS Information
<http://www.tricare.osd.mil/deers> (Click on Defense Enrollment Eligibility Reporting System)
 - g. Marine Corps Reserve
<http://www.mfr.usmc.mil/> (Click on Family Readiness)
 - h. Naval Reserve
<http://www.navy.mil>

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INFORMATION PAPER

DACH-MIZ

17 November 2005

1. SUBJECT: Stress Management

2. PURPOSE: To remind families of Reserve or National Guard soldiers of the availability of resources related to stress management and to provide two additional possible resources relating to stress management.

3. FACTS

a. Stress is tension or pressures that are a natural part of living our lives. Changes and events in our lives are a major source of stress. More frequent and longer deployments may be one of those changes or events that become a source of stress for some families.

b. Many resources are readily available to families of Guard and Reserve soldiers to assist in the area of stress management. Seek some of these materials from the following:

- Unit of assignment rear detachment personnel
- Family Program Coordinators
- Family Assistance Centers
- Medical Personnel

c. In addition to those available through the unit family assistance programs, there are other web based avenues of information. Two of these are:

- National Military Family Association (www.nmfa.org)
- Hooah4 Health (www.hooah4health.com)

d. Deployments can put stress on the military family, but utilizing the resources available to you will help you manage the challenges and make the best of the experience.

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INFORMATION PAPER

DACH-MIZ

17 November 2005

1. SUBJECT: Normalization of Experiences
2. Purpose: To understand the “normal” experiences common after a deployment and identify when additional services are required to address post-deployment experiences.
3. Facts:
 - a. Four experiences or reactions common during re-deployment/reunion
 - (1). Intrapersonal Reactions
 - Feeling overwhelmed
 - Frustration
 - Irritability
 - Depression
 - Guilt
 - Crying spells
 - Loss of trust
 - Loss of interest/motivation
 - Fatigue
 - Sleep disturbance (oversleeping / trouble falling asleep / waking up in the middle of the night)
 - Concentration problems
 - Memory problems
 - Feeling emotionally numb (often described as “I just don’t feel much of anything anymore”)
 - Feeling jumpy
 - Flashbacks (include in list but discuss as below)
 - (2). *Interpersonal* Reactions
 - Difficulty talking about deployment experiences
 - Difficulty readjusting to family routines
 - Difficulty reconnecting with children and spouse
 - Discomfort being around other people
 - (3). Flashbacks
 - Flashbacks are episodes of re-experiencing the events that occurred during a deployment
 - Often, soldiers feel as if they are “back in the Gulf” during a flashback episode and are not always aware of their immediate surroundings
 - Although disconcerting and uncomfortable, flashbacks are generally normal and not associated with a more serious problem *UNLESS* they

DACH-MIZ

SUBJECT: Normalization of Experiences

- persist for several months or cause significant interference in a soldier's ability to do the things that he or she needs to do
- Flashbacks may occur in response to a "trigger" (e.g., a loud noise that sounds like a weapons discharge)
- Flashbacks may occur spontaneously without a "trigger"
- Soldiers can cope with flashbacks by reminding themselves that flashbacks are to be expected
- Soldiers can cope with flashbacks by discussing them with family, friends, supervisors
- Soldiers can cope with flashbacks by seeking professional assistance if they are very concerned about these experiences

b. Positive (+) (helpful) and negative (-) (not helpful) coping strategies that soldier's can use to deal with the normal consequences of re-deployment.

- Rest (+)
- Spending time with family and friends (+)
- Getting together with buddies to discuss deployment (+)
- Taking time to relax (+)
- Resuming a hobby that was not available during the deployment (+)
- Working around the house (+)
- Taking leave (+)
- Reconnecting with friends and family who live elsewhere (+)
- Drinking alcohol excessively (-)
- Taking illegal drugs (-)
- Going on a spending spree (-)
- Gambling (-)
- Picking fights (-)
- Driving recklessly (-)
- Excessive risk taking behaviors (-)

c. When Normal Reactions Become Problematic

- Functional impairment is defined as anything that significantly interferes with a soldier's ability to do the things that he or she needs to do in any important area of life (work, home, family, social, spiritual)
- Example of oversleeping (a common reaction to deployment that has become a functional impairment)
- Functional impairment is the clearest sign that a normal reaction to deployment may be turning into a more serious problem
- If these normal reactions persist longer than 6 – 8 weeks *AND* continue to cause the soldier distress, this is another sign that normal reactions to deployment may be turning into a more serious problem

DACH-MIZ

SUBJECT: Normalization of Experiences

- However, there is no set time line for normal reactions to resolve; in some soldiers 6 – 8 weeks is sufficient, others require less time, other require more

d. Referral Sources for More Serious Issues

- Chain of command
- Chaplain
- Unit or hospital behavioral health officer (review local referral procedures)
- Unit sick call Veterans Administration

e. Review of main points

- Common Reactions
- Coping Mechanisms
- When Normal Reactions Become Problematic
- Referral Sources for More Serious Issues

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INFORMATION PAPER

DACH-MIZ

17 November 2005

1. SUBJECT: Access to the American Red Cross

2. Purpose: To help Civilian Clergy be empowered to access the services of the American Red Cross.

3. Facts:

a. Today's Red Cross is keeping pace with the changing military. Using the latest in computer and telecommunications technology, the Red Cross sends communications on behalf of family members who are facing emergencies or other important events to members of the U.S Armed Forces serving all over the world. These communications are delivered around-the-clock, 7 days a week, 365 days a year.

b. Members of the National Guard, Reserves and other community based military personnel should be familiar with The American Red Cross **before they need them**. Knowing what services are available through the Red Cross in times of emergencies brings peace of mind and provides a safety net in times of need.

c. Red Cross services for members of the Reserves and National Guard include:

- Emergency communication
- Counseling
- Veterans' services
- Information and referral provided by Armed Forces Emergency Services

d. How To Access Red Cross services:

Members of the National Guard and Reserves and their families should contact their local Red Cross Chapter, which is listed in local telephone directories and at www.redcross.org under "Find Your Local Red Cross."

Active duty service members on overseas military installations may access Red Cross reporting and communication assistance by contacting base/installation operators for listing of the on-base Red Cross office or information on how to access Red Cross assistance if there is not a representative on the local installation.

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INFORMATION PAPER

DACH-MIZ

17 November 2005

1. SUBJECT: Ministry in Times of Grief
2. Purpose: To assist civilian clergy to understand how to partner with military chaplains in times of grief to provide ministry to the family of a deceased Reserve or National Guard soldier.
3. Facts:
 - a. Casualty Notification to the next of kin of an individual who has been reported as a casualty will be accomplished in a timely, professional, dignified and understanding manner.
 - Primarily done by a Military Team
 - Officer
 - Chaplain
 - Medical Personnel (in some cases)
 - In rural areas, the Team may stop at the local Sheriff's Office or Police Department for directions.
 - May call on a local pastor to accompany the team
 - b. A "Casualty Assistance Calls Officer (CACO)" will be assigned to be the Military Point of Contact on all matters dealing with funeral arrangements for the family. A CACO will provide as much information as available regarding the circumstances of a service member's death and will answer any questions at that time. He or she will also ensure the families immediate needs are being met during a difficulty time. The CACO will immediately begin the process of providing the family with any assistance available in making funeral or memorial arrangements as appropriate.
 - The CACO will assist the family and any other beneficiaries in the preparation and submission of claims to various government agencies for benefits to which they may be entitled. The CACO will assist the family until claims are filed and settled or until any issues regarding those benefits are resolved. The CACO may be released at any time that the family feels that their assistance is no longer needed or desired.
 - c. Role of local pastor
 - Family's wishes will determine the degree of military involvement and honors at the funeral service.
 - Family may choose to use the chaplain or their local pastor for the funeral, or both.

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INFORMATION PAPER

DACH-MIZ

17 November 2005

1. SUBJECT: The Emotional Cycle of Deployment: A Military Family Perspective
2. Purpose: To summarize article published in the Apr-June 2001 edition of *U.S. Army Medical Department Journal* entitled “The Emotional Cycle of Deployment: A Military Family Perspective.” **Article immediately follows this information paper.
3. Facts:
 - a. The Five Stages of Deployment are:
 - Pre-deployment (varies)
 - Deployment (1st month)
 - Sustainment (months 2-5)
 - Re-deployment (last month)
 - Post-deployment (3-6 months after deployment)
 - b. The authors write, “The emotional cycle of an extended deployment, six months or greater, is readily divided into five distinct stages....Each stage is characterized both by a time frame and specific emotional challenges, which must be dealt with and mastered by each of the family members. Failure to adequately negotiate these challenges can lead to significant strife—both for the family members and the deployed soldier...Furthermore, promoting understanding of the stages of deployment helps to avert crises, minimize the need for command intervention or mental health counseling and can even reduce suicidal threats.”
 - c. “The purpose of this article is to describe the psychological, and event-related aspects of deployments experienced by military families for use as a tool in education, intervention and research...The authors, all military psychiatrists, have integrated their professional and personal experience into a cohesive ‘story’ which is readily identifiable by military leaders, soldiers and their families. Whenever possible, relevant literature on deployment stress is cited.”
 - d. The entire article written by LTC Simon H. Pincus, USA, MC; COL Robert House, USAR,MC; LTC (P) Joseph Christenson, USA, MC: and CAPT Lawrence E. Adler, MC, USNR-R can be found immediately following this page.

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NOTE: Previously published in the Apr-Jun 2001 edition of *U.S. Army Medical Department Journal*

The Emotional Cycle of Deployment: A Military Family Perspective

**by LTC Simon H. Pincus, USA, MC,
COL Robert House, USAR, MC,
LTC (P) Joseph Christenson, USA, MC, and
CAPT Lawrence E. Adler, MC, USNR-R**

Military families have experienced the emotional trauma of deployment on an unprecedented scale since the end of the Gulf War.¹ Humanitarian missions and peace enforcement have sent our troops to Somalia, Cuba, Haiti, Bosnia and Kosovo. In the last decade, military downsizing has increased the likelihood that each soldier will eventually participate on an extended mission. The impact of these long separations is of increasing concern with two-thirds of soldiers now married and deployments to the former Yugoslavia entering a fifth year. Differing coping strategies are needed through five stages of deployment. Education of health care providers, military leaders, soldiers and family members to anticipate these stages is crucial to ensure the soldier's safe return and to minimize familial trauma.

Introduction

Upon signing the Dayton Peace Accords in 1995, the Implementation Force (IFOR) deployed to Bosnia for one year. This multinational effort included 20,000 U.S. troops.² Since that time, six to eight month rotations have been the norm for the follow-on Stabilization Force (SFOR). In March 2000, an estimated 4,600 U.S. troops -- commanded by the Texas National Guard -- deployed to participate in the seventh such Stabilization Force rotation or SFOR VII.³ Future deployments to Bosnia are scheduled through SFOR XII ending in October 2004.⁴

With peace enforcement missions to Bosnia now entering a fifth year, there is a growing body of experience regarding the impact of extended deployment on military families. In this paper, the emotional cycle of deployment experienced by family members at home is discussed in detail. In order to provide a common frame of reference, this cycle is divided into five distinct stages closely corresponding to the soldier's experience of deployment: pre-deployment, deployment, sustainment, re-deployment and post-deployment.⁵

The purpose of this article is to describe the psychological, and event-related aspects of deployments experienced by military families for use as a tool in education, intervention and research. This paper relies on narrative format to describe the process of deployment and its impact on military families. The authors, all military psychiatrists, have integrated their professional and personal experience into a cohesive "story" which is readily identifiable by military leaders, soldiers and their families. This story has been tempered by numerous presentations of this materiel, as well as modifications provided by military leaders, soldiers and family members. Whenever possible, relevant literature on deployment stress is cited.

The Five Stages

The emotional cycle of an extended deployment, six months or greater, is readily divided into five distinct stages (Table 1). These stages are: pre-deployment, deployment, sustainment, re-deployment and post-deployment. Each stage is characterized both by a time frame and specific emotional challenges, which must be dealt with and mastered by each of the family members. Failure to adequately negotiate these challenges can lead to significant strife -- both for family members and the deployed soldier. Providing information early about what to expect, especially for families who have not endured a lengthy separation before, can go a long way towards "normalizing" and coping positively with the deployment experience.⁶ Furthermore, promoting understanding of the stages of deployment helps to avert crises, minimize the need for command intervention or mental health counseling and can even reduce suicidal threats.

Stages of Deployment
<ul style="list-style-type: none">• Pre-deployment (varies)• Deployment (1st month)• Sustainment (months 2 thru 5)• Re-deployment (last month)• Post-deployment (3-6 months after deployment)

Table 1

Pre-deployment

The onset of this stage begins with the warning order for deployment. This stage ends when the soldier actually departs from home station. The pre-deployment timeframe is extremely variable from several weeks to more than a year.

The pre-deployment stage is characterized alternately by denial and anticipation of loss (Table 2). As the departure date gets closer, spouses often ask: "You don't really have to go, do you?" Eventually, the increased field training, preparation, and long hours away from home herald the extended separation that is to come.

Stage 1. Pre-Deployment
<ul style="list-style-type: none">• Anticipation of loss vs denial• Train-up/long hours away• Getting affairs in order• Mental/physical distance

<ul style="list-style-type: none"> • Arguments 	Time frame: first month
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Table 2

Soldiers energetically talk more and more about the upcoming mission and their unit. This "bonding" to fellow soldiers is essential to unit cohesion that is necessary for a safe and successful deployment. Yet it also creates an increasing sense of emotional and physical distance for military spouses.^{5, 7, 8} In their frustration, many spouses complain: "I wish you were gone already." It is as if their loved ones are already "psychologically deployed."

As the reality of the deployment finally sinks in, the soldier and family try to get their affairs in order. Long "honey-do" lists are generated dealing with all manner of issues including: home repairs, security (door and window locks, burglar alarms, etc.), car maintenance, finances, tax preparation, child care plans and wills, just to name a few. At the same time, many couples strive for increased intimacy. Plans are made for the "best" Christmas, the "perfect" vacation, or the "most" romantic anniversary. In contrast, there may be some ambivalence about sexual relations: "this is it for six months, but I do not want to be that close." Fears about fidelity or marital integrity are raised or may go unspoken. Other frequently voiced concerns may include: "How will the children handle the separation? Can I cope without him/her? Will my marriage survive?" In this very busy and tumultuous time, resolving all these issues, completing the multitude of tasks or fulfilling high expectations often falls short.

A common occurrence, just prior to deployment, is for soldiers and their spouses to have a significant argument.^{5, 9} For couples with a long history, this argument is readily attributed to the ebb-and-flow of marital life and therefore not taken too seriously. For younger couples, especially those experiencing an extended separation for the first time, such an argument can take on "catastrophic" proportions. Fears that the relationship is over can lead to tremendous anxiety for both soldier and spouse. In retrospect, these arguments are most likely caused by the stress of the pending separation. From a psychological perspective, it is easier to be angry than confront the pain and loss of saying goodbye for six months or more.^{5, 6}

However, the impact of unresolved family concerns can have potentially devastating consequences. From a command perspective, a worried, preoccupied soldier is easily distracted and unable to focus on essential tasks during the critical movement of heavy military equipment. In the worst-case scenario, this can lead to a serious accident or the development of a soldier stress casualty who is mission ineffective.^{2, 10, 11} On the home front, significant spousal distress interferes with completing basic routines, concentrating at work, and attending to the needs of children. At worst, this can exacerbate children's fears that the parents are unable to adequately care for them or even that the soldier will not return. Adverse reactions by children can include inconsolable crying, apathy, tantrums, and other regressive behaviors. In response, a downward spiral can develop -- if not quickly checked -- in which both soldier and spouse become even more upset at the prospect of separating.

Although easier said than done, it is often helpful for military couples -- in the pre-deployment stage -- to discuss in detail their expectations of each other during the deployment. These expectations can include a variety of issues, to include: freedom to make independent decisions, contact with the opposite sex (fidelity), going out with friends, budgeting, child-rearing, and even how often letters or care packages will be sent. Failure to accurately communicate these and other expectations is frequently a source of misperception, distortion and hurt later on in the deployment. It is difficult at best to resolve major marital disagreements when face-to-face, let alone over six thousand miles apart.

Deployment

This stage is the period from the soldier's departure from home through the first month of the deployment.

A roller coaster of mixed emotions is common during the deployment stage (Table 3). Some military spouses report feeling disoriented and overwhelmed. Others may feel relieved that they no longer have to appear brave and strong. There may be residual anger at tasks left undone. The soldier's departure creates a "hole," which can lead to feelings of numbness, sadness, being alone or abandonment. It is common to have difficulty sleeping and anxiety about coping. Worries about security issues may ensue, including: "What if there is a pay problem? Is the house safe? How will I manage if my child gets sick? What if the car breaks down?" For many, the deployment stage is an unpleasant, disorganizing experience.

Stage 2. Deployment
<ul style="list-style-type: none">• Mixed emotions/relief• Disoriented/overwhelmed• Numb, sad, alone• Sleep difficulty• Security issues
Time frame: first month

Table 3

On the positive side, the ability to communicate home from Bosnia, or any other site, is a great morale boost. The Defense Satellite Network (DSN) provides soldiers the ability to call home at no cost, although usually for a fifteen-minute time limit. For some soldiers, who are unwilling to wait on line, using commercial phone lines is an option. Unfortunately, it is common for huge phone bills to result, which can further add to familial stress. Another potential source of anxiety for families is that several weeks may pass before soldiers are able to make their first call home.

For most military spouses, reconnecting with their loved ones is a stabilizing experience. For those, who have "bad" phone calls, this contact can markedly exacerbate the stress of the deployment stage and may result in the need for counseling.⁵ One possible disadvantage of easy phone access is the immediacy and proximity to unsettling events at home or in theater. It is virtually impossible to disguise negative feelings of hurt, anger,

frustration and loss on the phone. For example, a spouse may be having significant difficulty (children acting out, car breaking down, finances etc.) or a soldier may not initially get along with peers or a supervisor. Spouse and soldier may feel helpless and unable to support each other in their time of need. Likewise, there may be jealousy towards the individual(s) whom the spouse or soldier do rely on, or confide in, during the deployment. These situations can add to the stress and uncertainty surrounding the deployment. Yet, military families have come to expect phone (and now even video) contact as technology advances. However, most report that the ability to stay in close touch -- especially during key milestones (birthdays, anniversaries, etc.) -- greatly helps them to cope with the separation.

Sustainment

The sustainment stage lasts from the first month through the fifth (penultimate) month of deployment.

Sustainment is a time of establishing new sources of support and new routines (Table 4). Many rely on the Family Readiness Group (FRG), which serves as a close network that meets on a regular basis to handle problems and disseminate the latest information.¹² Others are more comfortable with family, friends, church or other religious institution as their main means of emotional support. As challenges come up, most spouses learn that they are able to cope with crises and make important decisions on their own. They report feeling more confident and in control. During the sustainment stage, it is common to hear military spouses say: "I can do this!"

Stage 3. Sustainment
<ul style="list-style-type: none">• New routines established• New sources of support• Feel more in control• Independence• Confidence ("I can do this")
Time frame: months 2 thru 5

Table 4

One challenge, during this stage, is the rapid speed of information provided by widespread phone and e-mail access. In the near future, one can even expect that individual soldiers will have the ability to call home with personal cellular phones. Over long distances and without face-to-face contact, communications between husband and wife are much more vulnerable to distortion or misperception. Given this limitation, discussing "hot topics" in a marriage can be problematic and are probably best left on hold until after the deployment when they can be resolved more fully. Obvious exceptions, to this rule, include a family emergency (the critical illness of a loved one) or a joyful event (the birth of a child). In these situations, the ideal route of communication is through the Red Cross so that the soldier's command is able to coordinate emergency leave if required.

On a related note, many spouses report significant frustration because phone contact is unidirectional and must be initiated by the soldier. Some even report feeling "trapped" at home for fear that they will miss a call. Likewise, soldiers may feel forgotten if they call -- especially after waiting a long time on line to get to a phone -- and no one is home. This can lead to anger and resentment, especially if an expectation regarding the frequency of calls is unmet. Now that Internet and e-mail are widely available, spouses report feeling much more in control as they can initiate communication and do not have to stay waiting by the phone. Another advantage of e-mail, for both soldier and spouse, is the ability to be more thoughtful about what is said and to "filter out" intense emotions that may be unnecessarily disturbing. This is not to say that military couples should "lie" to protect each other, but rather it helps to recognize that the direct support available from one's mate is limited during the deployment.

Furthermore, rapid communication can lead to unanticipated rumors, which then circulate unchecked within the Family Readiness Group (FRG).⁵ The most damning rumor involves an allegation of infidelity that is difficult to prove true or false. Other troubling rumors may include: handling the deployment poorly, accidents or injuries, changes in the date of return, disciplinary actions, or even who calls home the most. Needless to say, such rumors can be very hurtful to soldier, spouse, the FRG. At its worst, unit cohesion and even mission success can suffer. Limiting the negative impact of such rumors is a constant challenge for unit leaders and chaplains. It is extremely important to keep soldiers and family members fully informed and to dispel rumors quickly. In fact, rumors lose their destructive power once the "secret" is exposed:

There was a rumor that a commander's wife reported that a deployed soldier was having an affair. Members of the FRG, who were very upset, related the details to their deployed spouses. Senior unit leaders decided not to tell the commander because the allegations were deemed too inflammatory. Unfortunately, unit morale and cohesion began to suffer greatly as the rumor spread throughout the ranks. A month later, the commander finally learned of this destructive rumor, which had been undermining his authority to lead. He immediately confronted his wife, senior leaders and the soldier about whom the allegation had been made. Evidence about the validity of these allegations, or how the rumor started in the first place, could not be found. In response, the commander issued a very firm policy regarding exposing all rumors -- whether they be true or false. Unit morale and cohesion, although badly bruised, then began to recover.

The response of children to extended deployment of parent is very individualized and also depends on their developmental age: infants, toddlers, preschool, school age, and teenagers.¹³⁻¹⁵ It is reasonable to assume that a sudden negative change in a child's behavior or mood is a predictable response to the stress of having a deployed parent (Table 5).

Infants (< 1 year) must be held and actively nurtured in order to thrive. If a primary caregiver becomes significantly depressed then the infant will be at risk for apathy, refusal to eat and even weight loss. Early intervention becomes critical to prevent undue harm or neglect. Pediatricians can perform serial exams to ensure growth continues as expected on height/weight charts. Army Community Services and Social Work can assist with parenting skills and eliciting family or community support. Lastly, the primary caregiver may also benefit from individual counseling.

Toddlers (1-3 years) will generally take their cue from the primary caregiver. One issue is whether it is the mother or father who is the soldier leaving -- especially when children are very young. If the "non-deploying" parent is coping well, they will tend to do well. The converse is also true. If the primary caregiver is not coping well, then toddlers may become sullen, tearful, throw tantrums or develop sleep disturbance. They will usually respond to increased attention, hugs and holding hands. The "non-deploying" parent may also benefit from sharing their day-to-day experiences with other parents facing similar challenges. In particular, it is important for the primary caregiver to balance the demands for caring for children alone with their own needs for time for self.

Preschoolers (3-6 years) may regress in their skills (difficulty with potty training, "baby talk," thumb sucking, refusal to sleep alone) and seem more "clingy." They may be irritable, depressed, aggressive, prone to somatic complaints and have fears about parents or others leaving. Caregivers will need to reassure them with extra attention and physical closeness (hugs, holding hands). In addition, it is important to avoid changing family routines such as sleeping in their own bed, unless they are "very" scared. Answers to questions about the deployment should be brief, matter-of-fact and to the point. This will help to contain the free-floating anxiety of an overactive imagination.

School age children (6-12 years) may whine, complain, become aggressive or otherwise "act out" their feelings. They may focus on the soldier-parent missing a key event, for example: "will you (the soldier) be here for my birthday." Depressive symptoms may include: sleep disturbance, loss of interest in school, eating or even playing with their friends. They will need to talk about their feelings and will need more physical attention than usual. Expectations regarding school performance may need to be a little lower, but keeping routines as close to normal is best for them.

Teenagers (13-18 years) may be irritable, rebellious, fight or participate in other attention-getting behavior. They may show a lack of interest in school, peers and school activities. In addition, they are at greater risk for promiscuity, alcohol and drug use. Although they may deny problems and worries, it is extremely important for caregivers to stay engaged and be available to talk out their concerns. At first, lowering academic expectations may be helpful; however, return to their usual school performance should be supported. Sports and social activities should be encouraged to give normal structure to their life. Likewise, additional responsibility in the family, commensurate with their emotional maturity, will make them feel important and needed.

Negative Changes in Children

	Ages	Behaviors	Moods	Remedy
Infants	<1 yr	Refuses to eat	Listless	Support for parent, pediatrician
Toddlers	1-3 yrs	Cries, tantrums	Irritable, sad	Increased attention, holding, hugs
Preschool	3-6 yrs	Potty accidents, clingy	Irritable, sad	Increased attention, holding, hugs
School age	6-12 yrs	Whines, body aches	Irritable, sad	Spend time, maintain routines
Teenagers	12-18 yrs	Isolates, uses drugs	Anger, apathy	Patience, limit-setting, counseling

Table 5

Unfortunately, some children may have great difficulty adapting to the stress of a deployed parent. If they are unable to return to at least some part of their normal routine or display serious problems over several weeks, a visit to the family doctor or mental health counselor is indicated. Children of deployed parents are also more vulnerable to psychiatric hospitalization - especially in single-parent and blended families.¹⁶

Despite all these obstacles, the vast majority of spouses and family members successfully negotiate the sustainment stage and begin to look forward to their loved ones coming home.

Re-deployment

The re-deployment stage is essentially defined as the month before the soldier is scheduled to return home.

The re-deployment stage is generally one of intense anticipation (Table 6). Like the deployment stage, there can be a surge of conflicting emotions. On the one hand, there is excitement that the soldier is coming home. On the other, there is some apprehension. Some concerns include: "Will he (she) agree with the changes that I have made? Will I have to give up my independence? Will we get along?" Ironically, even though the separation is almost over, there can be renewed difficulty in making decisions. This is due, in part, to increased attention to choices that the returning soldier might make. Many spouses also experience a burst of energy during this stage.^{5, 6} There is often a rush to complete "to-do" lists before their mate returns - especially around the home. It is almost inevitable that expectations will be high.

Stage 4. Re-Deployment
<ul style="list-style-type: none">• Anticipation of homecoming• Excitement• Apprehension• Burst of energy/"nesting"• Difficulty making decisions
Time frame: months 5 thru 6

Table 6

Post-deployment

The post-deployment stage begins with the arrival to home station (Table 7). Like the pre-deployment stage, the timeframe for this stage is also variable depending on the particular family. Typically, this stage lasts from three to six months.

Stage 5. Post-Deployment
<ul style="list-style-type: none">• Honeymoon period

- Loss of independence
- Need for "own" space
- Renegotiating routines
- Reintegrating into family

Time frame: 3 to 6 months after deployment

Table 7

This stage starts with the "homecoming" of the deployed soldier. This can be a wonderfully joyous occasion with children rushing to the returning parent followed by the warm embrace and kiss of the reunited couple. The unit then comes to attention for one last time, followed by words of praise from the senior commander present. Lastly, weapons are turned in and duffle bags retrieved and the family goes home.

Homecoming can also be an extremely frustrating and upsetting experience. The date of return may change repeatedly or units may travel home piece-meal over several days. Despite best intentions, the spouse at home may not be able to meet the returning soldier (short notice, the children might be sick, sitters cannot be found in the middle of the night, unable to get off work, etc.). Soldiers may expect to be received as a "heroes" and "heroines" only to find that they have to make their own way home.

Typically, a "honeymoon" period follows in which couples reunite physically, but not necessarily emotionally. Some spouses express a sense of awkwardness in addition to excitement: "Who is this stranger in my bed?" For others, however, the desire for sexual intimacy may require time in order to reconnect emotionally first.

Eventually, soldiers will want to reassert their role as a member of the family, which can lead to tension.⁶ This is an essential task, which requires considerable patience to accomplish successfully. Soldiers may feel pressure to make up for lost time and missed milestones. Soldiers may want to take back all the responsibilities they had before. However, some things will have changed in their absence: spouses are more autonomous, children have grown, and individual personal priorities in life may be different. It is not realistic to return home and expect everything to be the same as before the deployment.¹⁷

During this period, spouses may report a lost sense of independence. There may be resentment at having been "abandoned" for six months or more. Spouses may consider themselves to be the true heroes (watching the house, children, paying bills, etc.) while soldiers cared only for themselves. At least one study¹⁸ suggests that the stay-at-home parent is more likely to report distress than the deployed soldier. Spouses will also have to adapt to changes. Spouses may find that they are more irritable with their mates underfoot. They may desire their "own" space. Basic household chores and routines need to be renegotiated. The role played by the spouse in the marriage must be reestablished.

Reunion with children can also be a challenge. Their feelings tend to depend on their age and understanding of why the soldier was gone.¹⁸ Babies less than 1 year old may not know the soldier and cry when held. Toddlers (1-3 years) may be slow to warm up. Pre-schoolers (3-6 years) may feel guilty and scared over the

separation. School age children (6-12 years) may want a lot of attention. Teenagers (13-18 years) may be moody and may not appear to care. In addition, children are often loyal to the parent that remains behind and do not respond to discipline from the returning soldier. They may also fear the soldier's return: "Wait till mommy/daddy gets home!" Some children may display significant anxiety up to a year later ("anniversary reaction"), triggered by the possibility of separation. In addition, the soldier may not approve of privileges granted to children by the non-deployed parent. However, it is probably best for the soldier not to try to make changes right away and to take time renegotiating family rules and norms. Not heeding this advice, the soldier risks invalidating the efforts of his/her mate and alienating the children. Soldiers may feel hurt in response to such a lukewarm reception. Clearly going slow and letting the child(ren) set the pace goes a long way towards a successful reunion.

Post-deployment is probably the most important stage for both soldier and spouse. Patient communication, going slow, lowering expectations and the taking time to get to know each other again is critical to the task of successful reintegration of the soldier back into the family.^{5, 6} Counseling may be required in the event that the soldier is injured or returns as a stress casualty. On the other hand, the separation of deployment -- unlike civilian couples -- provides soldier and spouse a chance to evaluate changes within themselves and what direction they want their marriage to take. Although a difficult as well as joyful stage, many military couples have reported that their relationship is much stronger as a result.

Lessons Learned

There are many challenges for military families to overcome during the five stages of deployment (see Tables 8 and 9). Anticipating these challenges is important to minimize the emotional trauma caused by extended deployment.^{1, 5, 6} It is important not to over-interpret arguments which are often caused by the pain and loss of separation. Resolving marital issues that precede deployment is very difficult to accomplish over long distances and is probably best left until the soldier's return. Dates of departure and return often "slip" forwards and backwards. Establishing or maintaining a support network helps families cope. Rumors are hurtful and are best not repeated. If they cannot be resolved, then contact the chain of command to find out the truth or put a stop to them. Breaking up the time is a useful technique to prevent being overwhelmed. This can include: weekly get-togethers with other families, monthly outings for the children (a favorite restaurant, the park, a picnic etc.), and a visit to, or from, parents and in-laws around mid-deployment just to name a few. In order to maintain their sanity, parents -- now "single" because of the deployment -- will need time without their children. Scheduling a regular "mommy's (daddy's) day out" can be achieved by daycare or sharing sitting with someone you trust. Overspending or increased alcohol use may provide short-term relief; but in the long-term, they will only exacerbate the stress of deployment. Lastly, and most importantly, soldier, spouse and children will change and grow during the deployment. It is critical to go slow, be patient and allow several months to reestablish family bonds.

Pitfalls

- Over-interpreting arguments
- Hot topics/long distances

- Rumors/loss of trust
- Investment in date of return
- Not accepting changes in marriage

Table 8

Helpful Hints

- Establish a base of support
- Make plans to break up time
- E-mail/phone calls/letters
- Avoid overspending/alcohol
- "Single" parents need time without kids

Table 9

Discussion

Several questions remain to be answered regarding the impact of extended deployments on soldiers and their families.

Many family members complain of the emotional distance during the pre-deployment stage. How long is the optimal time for families to be notified in advance of a deployment? What is the impact on soldiers who may feel torn between their family and their unit? How much time do commanders need to get their units ready to deploy?

In addition, there are many questions about the remaining stages of deployment. What is the relative impact on families with four month (most Air Force deployments) versus six-eight months (SFOR, Navy Sea Duty) versus one year (IFOR, the initial Bosnia deployment)? Do families of different services cope better with separation? Why? What is the minimum recovery time in which a family needs to be stabilized from moves, military schools or even routine field training, after a soldier returns home? What is the impact on children? How about their school performance or disciplinary problems? What if a spouse is pregnant or delivers during the deployment?¹⁹ What if the spouse works versus stays at home? How about single parents? What if both spouses are in the military and deploy? What is the impact of extended deployments on marital longevity, spouse and child abuse when compared with civilian families? What about soldier retention? What about the families of soldiers who have had multiple or back-to-back deployments? How about the Reserves or National Guard who may not have as extensive support as their counterparts on Active Duty?²⁰ Is there sufficient notice for them to transition from their civilian roles in anticipation of deployment? What about the potential economic dislocation to include: loss of job and loss of income? How about the loss of unit cohesiveness when Reserves or Guard deploy as individual augmentees assigned to other units? Delineating the five stages of deployment is a reasonable starting point for answering some of these questions and the challenges they present to soldiers and their families.

Conclusion

Over the past eight years since the Gulf War, soldiers and their families have had to adapt to a major shift in U.S. foreign policy and the role of the Army in extended multinational deployments. Now entering its fifth year, the Bosnian experience has provided new insight into the different skills needed to minimize familial trauma. Furthermore, family well-being is not only essential to mission success with two-thirds of soldiers now married, but also to the future health of the Army through retention of trained soldiers.^{21,22} Health care professionals (including civilian providers accepting TRICARE insurance) and military leaders must be prepared to support soldiers and their families through five stages of deployment. Providing information early, about what to expect, will help families cope with the deployment experience. More research is needed, about the impact of deployment on soldiers and their families, to ensure that our forces are better prepared and ready for challenges of the next century.

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